

# MOLLOY COLLEGE

## Diploma Replacement Request Form

### INSTRUCTIONS:

- Submit completed form **with the Diploma Replacement Fee** to the **Registrar's Office** for each degree or certificate sought. **Checks should be made payable to Molloy College or submit the Credit Card Authorization below.**
- Provide photocopy of driver's license or passport, as proof of identity. If identification involves name changes, provide legal proof that confirms that this request is for your record of graduation.
- Addresses that are different than the college record should be confirmed with proof of a new legal address (driver's license).
- Please refer to the current college catalog for Diploma Name policies. Contact the Registrar's Office for further questions.
- Please allow 4 to 6 weeks for your order to be completed. Reissued diplomas will be signed by the current administration.
- **Fax to:** 516.323.4315. **Mail to:** Attn: Registrar's Office; Molloy College; PO Box 5002; Rockville Centre, NY 11571-5002

**Print Name** \_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

### PRINT YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA:

**Diploma Name** \_\_\_\_\_

### DATE OF GRADUATION:

**Check One:**  JANUARY Year \_\_\_\_\_  MAY Year \_\_\_\_\_  AUGUST Year \_\_\_\_\_  DECEMBER Year \_\_\_\_\_

### TYPE OF DEGREE OR CERTIFICATE AWARDED:

**Check Undergraduate Degree:**  CERTIFICATE  AA  AAS  BA  BS  BFA  BSW

**Check Graduate Degree:**  MS  MBA  ADV (Adv. Certificate)  BA/MS (5-Yr Program)  BS/MS (5-Yr Program)

**Check Doctoral Degree:**  PHD  DNP  EDD

### STUDENT'S SIGNED APPROVAL FOR A REPLACEMENT DIPLOMA:

(A Replacement Fee Required)

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY:

Credit Card Approved?  Check  Cash (In-person Only) **Date Form Submitted to Registrar** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Date Replacement Mailed to Graduate** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Distribution:** (White) Registrar Copy (Yellow) Student (Pink) Bursar

**Form Updated 11.4.2015**

### CREDIT CARD AUTHORIZATION REQUEST:

**Cardholder's Name:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

VISA  MasterCard  DISCOVER **Expiration Date Required:** \_\_\_\_\_

I authorize **\$50.00** to be charged to the credit card account above for payment of a Diploma Replacement Fee to Molloy College.

**Cardholder's Signature Required:** \_\_\_\_\_